

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
RECEIVED
AUG 02 2017
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 17-0347
Date: 9-5-17
Amount Paid: 75 8-3-17
Refund: 50 8-28-17

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: JAMES H. & MERLE W. STOLBESHO	Mailing Address: 45 UNIVERSITY AVE SE #1001	City/State/Zip: MINNEAPOLIS, MN 55414	Telephone: NA
Address of Property: 37515 WHITE PINE TRAIL		City/State/Zip: BAYFIELD, WI 54814	Cell Phone: 651-755-1820
Contractor: SELF		Contractor Phone: NA	Plumber: NA
Authorized Agent: (Person Signing Application on behalf of Owner(s)) NA		Agent Phone: NA	Agent Mailing Address (include City/State/Zip): NA
PROJECT LOCATION: 1/4, 1/4		Tax ID# (4-5 digits): 34794 (SEE ANNOTATED TAX BILL) #1	Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 2014 R-555076
Gov't Lot: 1/4		Vol & Page: 1128-83	Block(s) No.: 3
Section: 31, Township: S1, N, Range: 03, W		Town of: RUSSELL	Subdivision: BRICKYARD CREEK III V. 11928
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Distance Structure is from Shoreline: feet 350
<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		Distance Structure is from Shoreline: feet 350	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$19000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> CAR PORCH	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 20 FEET	Width: 20 FEET	Height: 12-15 FEET
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	(20 X 20)	400
	Residence (i.e. cabin, hunting shack, etc.)	()	
	with Loft	()	
	with a Porch	()	
	with (2 nd) Porch	()	
	with a Deck	()	
	with (2 nd) Deck	()	
<input type="checkbox"/> Commercial Use	with Attached Garage	()	
	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
	Mobile Home (manufactured date)	()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	()	
	Accessory Building (specify)	(20 X 20)	400 SF
	Accessory Building Addition/Alteration (specify)	()	
Rec'd for Issuance	Special Use: (explain)	()	
	Conditional Use: (explain)	()	
Secretarial Staff	Other: (explain)	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): JAMES H. STOLBESHO Merle W. Stolbesho Date 8-1-17
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: NA Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit AS UNIVERSITY ADJENNE SE #1001
MINNEAPOLIS, MN 55414
Copy of Tax Statement
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(*) Driveway and (*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)**
- (6) Show any (*): **(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond**
- (7) Show any (*): **(*) Wetlands; or (*) Slopes over 20%**

SEE ATTACHMENT #2 (LOTS 3 & 4)

ALSO SEE ATTACHMENT #3 (CAR PORT PLANS)

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	4'-50' to easement termination 400 Feet	Setback from the Lake (ordinary high-water mark)	350 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	130 Feet	Setback from the Bank or Bluff	300 Feet
Setback from the South Lot Line	10 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	150 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	350 Feet	Elevation of Floodplain	EVEN Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	100' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

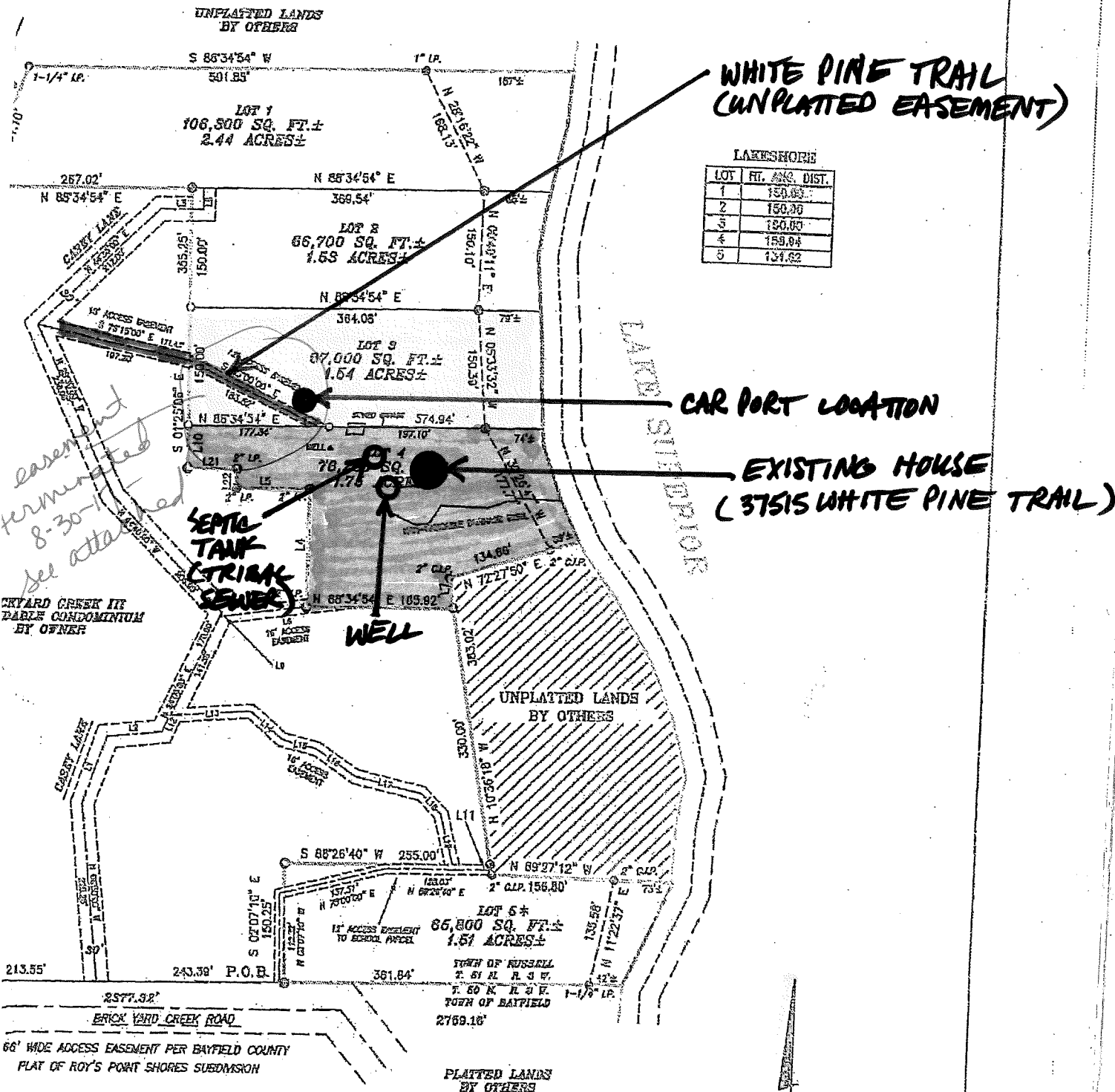
For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial: none				
Permit #: 17-0347		Permit Date: 9-5-17				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Adjacent Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)		Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Re-Inspection:	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record: 1st structure on surveyed parcel. Easement has been terminated by record so no setback to easement too close.		Zoning District (PPS)				
Date of Inspection: 8-24-17		Inspected by: J. Murphy				
Conditions: Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)						
Building, including ere, shall be located 10 ft (minimum) from south property line.						
Signature of Inspector:		Date of Approval: 9.1.17				
Hold For Sanitary: <input type="checkbox"/>	Hold For BA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

ATTACHMENT #2

STOLPESTAD RESIDENCE 37515 WHITE PINE TRAIL, BAYFIELD, WI LOTS 3 & 4, BRICKYARD CREEK III COUNTY PLAT



County Board of Adjustment approved a variance from the Ordinance 13-1-32 (b) (1) of the Bayfield County Zoning Ordinance that 5 of this plat permitting 131.82 feet of lake frontage rather than 100 feet of lake frontage required by the aforesaid Ordinance at a public hearing held on March 29, 2007.

BEARINGS ARE BASED ON THE WEST 1/2 OF THE SOUTH LINE OF SECTION 31, ASSUMED AS N 88°26'40" E

SCALE: ONE INCH = 100 FEET

100 0 100 200

Village, State or Federal
May Also Be Required

USE – X
SANITARY – None
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **17-0347** Issued To: **James & Merrie Stolpestad**

Location: - $\frac{1}{4}$ of - $\frac{1}{4}$ Section **31** Township **51** N. Range **3** W. Town of **Russell**

Gov't Lot Lot **3** Block Subdivision **Plat of Brickyard Creek III** CSM#

For: **Residential Principal Structure: [1- Story; Carport (20' x 20') = 400 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building, including eve, shall be located 10 feet (minimum) from South property line.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

September 5, 2017

Date